

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Date
Final	Original
1	✓ ✓
2	✓ ✓
3	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Quality  
Service